



# SOCIAL NORMS EXPLORATION ON CHILD, EARLY, AND FORCED MARRIAGE, INTIMATE PARTNER VIOLENCE, AND ADOPTION OF FAMILY PLANNING IN EBONYI STATE, NIGERIA

MOMENTUM Country and Global Leadership



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MOMENTUM works alongside governments, local and international private and civil society organizations, and other stakeholders to accelerate improvements in maternal, newborn, and child health services. Building on existing evidence and experience implementing global health programs and interventions, we help foster new ideas, partnerships, and approaches and strengthen the resiliency of health systems.

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## ABBREVIATIONS

<b>BF-APEA</b>	Behaviorally Focused Applied Political Economy Analysis
<b>CEFM</b>	Child early and forced marriage
<b>FGD</b>	Focus group discussion
<b>FP</b>	Family planning
<b>IPV</b>	Intimate partner violence
<b>LGA</b>	Local Government Area
<b>NDHS</b>	Nigeria Demographic and Health Survey
<b>RH</b>	Reproductive health
<b>SNET</b>	Social Norms Exploration Tool
<b>USAID</b>	U.S. Agency for International Development

## EXECUTIVE SUMMARY

In past decades, Nigeria has made significant strides in improving human development outcomes. However, improvements are markedly different for adolescent girls and women compared to boys and men. The country remains a patriarchal society where social norms and structural inequality render women subordinate to men. Global evidence demonstrates that deeply entrenched, restrictive norms underlie the practice of child, early, and forced marriage and gender-based violence, and limit women's agency and decision-making power related to their reproductive health behaviors and choices.

The MOMENTUM Country and Global Leadership project conducted a social norms exploration using the Social Norms Exploration Tool to understand the social norms driving child, early, and forced marriage, intimate partner violence, and early adoption of family planning in selected project areas of Ebonyi, Nigeria. Further, the social norms exploration aimed to identify the individuals who uphold or enforce social norms by approving or disapproving of these behaviors.

Findings from the assessment showed that these norms limited the decision-making power of adolescent girls and young women and drove pressure to get married early, become pregnant right after marriage and to grow families quickly. In addition, social norms sustained male authority in the household and promoted acceptance of intimate partner violence.

The study found that a variety of key influencers, including family and community members, enforced norms across all behaviors of interest. As such, the findings underscore the need to implement intervention strategies that extend beyond addressing individual-level behavior change and aim to transform norms at the community level to improve social and health outcomes.

# INTRODUCTION

## BACKGROUND

With an estimated population of more than 200 million people in 2020, Nigeria is the most populous country in Africa. Current estimates show that the population is expected to double by 2050,<sup>1</sup> and the high population growth rate is likely to continue because of the country's high birth rate. Human development outcomes are markedly different for women and girls compared to men and boys.<sup>2</sup> Structural inequalities and unequal power relations render women subordinate to men due to limited access to education, employment, finances, and health care, as well as limited opportunities to contribute to their family, community, and country's economic growth.<sup>3</sup> Additionally, gender-based violence (GBV) remains a challenge in Nigeria<sup>4</sup> and its subset of violence against women and girls continues to underpin human rights violations, with detrimental impacts on survivors, families, and communities.

With over one in three ever-married women reporting that they have experienced physical, sexual, or emotional violence by their husband or partner, the incidence of intimate partner violence (IPV) remains high in Nigeria.<sup>5</sup> According to the 2018 NDHS, the percentage of ever-married women who experienced spousal physical, sexual, or emotional violence in the past 12 months was 53.9% in Ebonyi State. Furthermore, 28% of Nigerian women have experienced physical violence at least once since the age of 15. The negative impacts of IPV on women's physical, sexual, and reproductive health (RH) have been broadly documented.<sup>6 7 8</sup>

Nigeria has the largest number of child brides in Africa due to high rates of child, early, and forced marriage (CEFM), which is particularly prevalent in northern Nigeria. Nationwide, 43% of girls are married off before age 18, with 17% of the 43% married before turning 15.<sup>9</sup> In Ebonyi State, 17% of girls are married before age 18, and almost 6% of the 17% married before turning 15.<sup>10</sup>

CEFM is closely linked to a range of public health challenges including adverse physical, mental, and RH outcomes. Marrying early has serious negative consequences including early pregnancy, social isolation, greater likelihood of dropping out of school, lower participation in the labor force and earnings, and limited

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<sup>1</sup> United Nations, Department of Economic and Social Affairs, Population Division. 2019. World Population Prospects 2019: Highlights (ST/ESA/SER.A/423).

<sup>2</sup> British Council. 2012. *Gender in Nigeria Report: 2012: Improving the Lives of Girls and Women in Nigeria: Issues, Policies, Action*. Department for International Development, British Council, Nigeria.

<sup>3</sup> Wolff B, Blanc AK, and Gage AJ. 2000. Who decides? Women's status and negotiation of sex in Uganda. *Culture, Health & Sexuality*. 2(3): 303–322.

<sup>4</sup> Violence against women and girls involves any act of GBV that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women or girls, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life (Arango et al. 2014). Violence against women and girls perpetuated against someone with whom the perpetrator is in an intimate relationship is referred to as IPV.

<sup>5</sup> 2018 Nigeria Demographic and Health Survey (NDHS).

<sup>6</sup> Campbell JC. 2002. Health consequences of intimate partner violence. *Lancet*, 359(9314): 1331–1336.

<sup>7</sup> Ellsberg M and Heise L. 2005. *Researching violence against women: Practical guidelines for researchers and activists*. Washington DC, United States: World Health Organization, PATH; 2005.

<sup>8</sup> Garcia-Moreno C et al. 2006. Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *Lancet*, 368(9543): 1260–1269.

<sup>9</sup> National Bureau of Statistics – Federal Government of Nigeria. 2016-17. *Nigeria Multiple Indicator Cluster Survey 2016-17*.

<sup>10</sup> Ibid.

decision-making power in households.<sup>11</sup> Moreover, gender inequalities within child marriage unions perpetuate adolescent girls' vulnerabilities by increasing their risk of experiencing IPV.<sup>12</sup>

According to the 2018 NDHS, Nigerian women aged 25–49 first had sexual intercourse on average at age 17.6, and 23% of girls aged 15–19 have either already had a live birth or are pregnant with their first child. Specifically, in Ebonyi State, 8.2% of adolescent girls aged 15–19 have already had children, while 1.4% are pregnant with their first child.<sup>13</sup> Contraceptive use among unmarried sexually active adolescent girls is low in Nigeria. Very few married girls aged 15–19 use a modern method of contraception (1.2%) or have their contraception needs met (13.1%). This results in high levels of early adolescent and teenage pregnancy, often leading to poor reproductive, maternal, child, and neonatal health outcomes.<sup>14</sup>

## OBJECTIVE

Given the enormity of these challenges in Nigeria, MOMENTUM Country and Global Leadership conducted a social norms exploration to understand the social norms that drive CEFM, IPV, and early adolescent pregnancy, and identify the individuals who uphold or enforce social norms by approving or disapproving of certain behaviors in selected MOMENTUM project areas in Ebonyi State.

The specific objectives for the exploration were to:

- Identify who the reference groups are for the main population group by behavior (CEFM, IPV and early adoption of family planning [FP]).
- Identify what norms exist and support each behavior by population group/subgroup, triangulated with reference group insights.

To achieve these objectives, the MOMENTUM team conducted the social norms exploration using the [Social Norms Exploration Tool \(SNET\)](#), a participatory learning and action tool. Results of this exploration will be used to inform other behavior change analyses, such as the Behaviorally Focused Applied Political Economy Analysis (BF-APEA), and will be analyzed together with results from the BF-APEA and mapping exercises. This approach will inform the design of local partner intervention strategies to prevent and mitigate consequences of IPV and CEFM.

## WHAT ARE SOCIAL NORMS?

In recent times, understanding of social norms and their influence on people's behaviors and actions has taken center stage in development projects. Social norms are beliefs about which behaviors are typical and appropriate within a given group; they are informal, and often implicit, rules that most people abide by. Social norms are "unspoken rules" that govern behavior. Such norms are created, sustained, and upheld through our human interactions and functions within individual and community levels. Social norms matter because they influence behavior and play a powerful role in shaping individual and group behaviors. Social norms could either be descriptive or injunctive.

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<sup>11</sup> Parsons J et al. 2015. Economic impacts of child marriage: A review of the literature. *The Review of Faith & International Affairs*. 13(3): 12–22.

<sup>12</sup> Erulkar AS. 2013. Early marriage, marital relations, and intimate partner violence in Ethiopia. *Int Perspect Sex Reprod Health*. 39(1): 6–13.

<sup>13</sup> 2018 NDHS.

<sup>14</sup> Gender in Nigeria, Data from the 2013 NDHS.



**Descriptive norms** are what are considered typical or common behaviors. They are mostly perceptions about what others actually do, or rather doing something because other people do. **Injunctive norms**, on the other hand, are what are considered approved or expected behaviors. People in your social network are expecting you to behave in a particular way. There is the perception of approval/disapproval of that behavior by other people.

In contrast, non-normative factors are influences that are not based on norms and impact members of a society or community differently.

## WHY DO SOCIAL NORMS MATTER?

Understanding social norms has become imperative in designing and implementing development programs, especially those seeking to change certain behaviors, recognizing that individuals are not isolated from other people who live around them. There is a strong influence of the perception of what other people's expectations are of them and what rewards or sanctions they may face by exhibiting such behaviors. As such, social norms matter because:

- Identifying where social norms exist will help in understanding their influence on certain behaviors. For example, to what extent is a person rewarded or sanctioned for engaging in a certain behavior? How do those in a person's reference group believe people should behave? Are some social norms more important to behavior change than others? What other factors influence a population's performance (or non-performance) of a behavior?
- They help identify the most relevant norms that influence specific behaviors.
- They help design interventions to transform harmful norms and promote positive norms.<sup>15</sup>

## BEHAVIORS OF INTEREST

In this study, as stated above, MOMENTUM sought to explore the social norms that influence the below three key behaviors of interest:

- CEFM
- IPV
- Early adoption of FP

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<sup>15</sup> Institute for Reproductive Health at Georgetown University and FHI 360. 2016. Social Norms Background Reader; Learning Collaborative: Advancing Research and Practice on Normative Change for Adolescent Sexual and Reproductive Health and Well-being. Developed for the Convening Meeting, December 5–6.

# METHODS

## SITE SELECTION AND NUMBER OF SITES VISITED

Two Local Government Areas (LGAs) were selected in Ebonyi State for the social norms exploration: Ebonyi and Ezza North. Each LGA selected two communities for a total of four communities: Nkaleke Echara Unuhu and Nkaleke Echara Ndiebor in Ebonyi LGA and Okposi Umuoghara and Ekwetekwe community in Ezza North LGA. The communities were selected based on the following criteria:

- Large population size.
- Poorest indicators of CEFM, IPV, and early adoption of FP.
- Secure and accessible to researchers and participants.

## TARGET POPULATIONS

Two populations of interest were interviewed in this study: the main population groups and their reference groups.

## MAIN POPULATION GROUP

The main population groups of interest were determined based on the behavior being explored and how it affects them. These were further segmented by age, sex, and/or marital status to understand which factors (e.g., age, marital status, having a child) exert social pressure on adolescents and youth from the selected communities. The main population groups for each behavior of interest are shown in Table 1 below.

**TABLE 1: MAIN POPULATION GROUPS BY BEHAVIOR**

CEFM	IPV	Early Adoption of FP
<ul style="list-style-type: none"><li>• Unmarried adolescent girls aged 15–17 years</li><li>• Married adolescent girls aged 15–17 years</li><li>• Fathers of adolescent girls (married or unmarried)</li></ul>	<ul style="list-style-type: none"><li>• Married young women (20–24 years)</li><li>• Married women (30–40 years)</li><li>• Married men (30–39 years)</li><li>• Married men (40–50 years)</li></ul>	<ul style="list-style-type: none"><li>• First-time mothers (15–19 years)</li><li>• First-time mothers (20–24 years)</li><li>• Male partners of first-time mothers who are 15–24 years</li></ul>

## REFERENCE GROUPS

A reference group includes “everyone who matters to an individual about a certain behavior” and is made up of people who maintain or enforce social norms by approving or disapproving of certain behaviors. The reference groups are influential people who provide guidance, information, advice, or support about a specific behavior or issue. They serve a normative function by setting and enforcing behaviors and beliefs.

In this exploration exercise, the reference groups interviewed were identified in stage 1 of the data collection through rapid individual interviews using the “My Social Networks” tool.<sup>16</sup> The tool is an activity that gathers information from multiple people in a group/subgroup in order to create a profile of the subgroup’s

<sup>16</sup> The *Social Norms Exploration: A Guide and Toolkit*. Located at: [Social Norms Exploration Tool SNET-1.pdf \(irh.org\)](#).

reference group for a particular behavior(s) of interest. This tool was used to gather information from the main population groups on the top five individuals who have an influence in their lives on a particular behavior of interest.

## ELIGIBILITY CRITERIA (MAIN POPULATION AND REFERENCE GROUPS)

In each study community, participants were considered eligible to take part in the social norms exploration if they met the following criteria:

- Resident of the community.
- Adolescent girl or young woman between 15–24 years (married or unmarried).
- Male partner of adolescent girl or young woman 15 years and older.
- Father of adolescent girl.
- Adolescent aged 15–17 years willing to provide assent and parental/guardian consent.
- For individuals 18 years and older, must be willing to participate in the interviews voluntarily and give consent.

## DATA COLLECTION

The data collected during the social norms exploration was carried out in two stages.

**Stage 1:** The first stage involved identifying the reference group of the main population by using the My Social Networks tool.<sup>17</sup> Individual rapid interviews were conducted with main population groups, during which they were asked to identify influential people who provide guidance, information, advice, or support on a specific behavior. A total of 360 participants were interviewed to identify the reference groups for the behavior of interest. The top five reference groups were identified and ranked.

**Stage 2:** In this stage, group discussions were conducted with the main population and the reference groups using Vignettes<sup>18</sup> and the Five Whys.<sup>19</sup> Vignettes are culturally relevant short stories about the behavior of fictional characters. This approach was used to engage participants in identifying and exploring social norms related to the behaviors of interest. The Five Whys were used for a deep dive to explore the root causes identified by the participants. A total of 32 group discussions were conducted for the main population group and 12 for the reference groups. In total, 352 participants were involved in stage 2 data collection.

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<sup>17</sup> Ibid.

<sup>18</sup> Ibid.

<sup>19</sup> Ibid.

**TABLE 2: SAMPLE SIZE AND NUMBER OF INTERVIEWS AND GROUP DISCUSSIONS**

	Ebonyi LGA		Ezza LGA		Total
	Nkaleke Echara Unuhu	Nkaleke Echara Ndiebor	Okposhi Umuogharu	Ekwetekwe/Ogbuinyagu	
Participants in stage 1 interviews	90	90	90	90	360
Group discussions in stage 2 with main population group	8	8	8	8	32
Group discussions in stage 2 with reference groups	3	3	3	3	12
Participants in group discussions	88	88	88	88	352

## ANALYSIS

The analysis team consisted of a consultant, data collection research assistants, local partners (Essential Health Network, Dovenet, and Excellence Community Education Welfare Scheme) and the MOMENTUM (Nigeria) State team. The responses given by non-normative factors.<sup>20</sup> A distinction was made between descriptive or injunctive norms, and the normative and non-normative factors were ranked based on their recurrence. Cross-cutting social norms and non-normative factors across the main population and reference groups were also identified. In addition, key influencers or people whose opinions or behaviors influence a norm in terms of either supporting or not supporting the behaviors were identified. Finally, social consequences that result from following or going against a norm were categorized as rewards or negative sanctions, respectively.

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<sup>20</sup> Non-normative factors are a set of behaviors that do not conform to an established societal or cultural norm. This is particularly true when a person or group of people deviate from a particular standard determined by cultural ideals of how things ought to be.

# FINDINGS

## STAGE 1

The reference groups identified in stage 1 of this study were similar across all the communities. The top five people identified by the main populations are listed in Table 3 below.

**TABLE 3: TOP FIVE REFERENCE GROUPS BY BEHAVIOR**

Behavior					
Adolescent girls (15–17 years)	Adolescent girls (15–17 years)	<ul style="list-style-type: none"> <li>• Mothers of adolescent girls</li> <li>• Fathers of adolescent girls</li> <li>• Peers</li> <li>• Neighbors</li> <li>• School teachers</li> </ul>	<ul style="list-style-type: none"> <li>• Mothers of adolescent girls</li> <li>• Fathers of adolescent girls</li> <li>• Peers</li> <li>• Siblings</li> <li>• Religious leaders</li> </ul>	<ul style="list-style-type: none"> <li>• Mothers of adolescent girls</li> <li>• Fathers of adolescent girls</li> <li>• Peers</li> <li>• Neighbors</li> <li>• School teachers</li> </ul>	<ul style="list-style-type: none"> <li>• Mothers of adolescent girls</li> <li>• Fathers of adolescent girls</li> <li>• Peers</li> <li>• Siblings</li> <li>• Religious leaders</li> </ul>
	Fathers of adolescent girls	<ul style="list-style-type: none"> <li>• Mothers</li> <li>• Fathers</li> <li>• Grandparents</li> <li>• Siblings</li> <li>• Peers</li> </ul>	<ul style="list-style-type: none"> <li>• Mothers</li> <li>• Fathers</li> <li>• Friends</li> <li>• Religious leaders</li> <li>• Siblings</li> </ul>	<ul style="list-style-type: none"> <li>• Mothers</li> <li>• Fathers</li> <li>• Friends</li> <li>• Siblings</li> <li>• Peers</li> </ul>	<ul style="list-style-type: none"> <li>• Mothers</li> <li>• Fathers</li> <li>• Religious leaders</li> <li>• Siblings</li> <li>• Peers</li> </ul>
First-time mothers (15–24 years)					
First-time mothers (15–24 years)	First-time mothers (15–24 years)	<ul style="list-style-type: none"> <li>• Nurses/ community health care providers</li> <li>• Doctors</li> <li>• Religious leaders</li> <li>• Mothers</li> <li>• Mothers-in-law</li> </ul>	<ul style="list-style-type: none"> <li>• Nurses/ community health care providers</li> <li>• Doctors</li> <li>• Traditional leaders’ wives</li> <li>• Traditional birth attendants</li> <li>• Parents and in-laws</li> </ul>	<ul style="list-style-type: none"> <li>• Nurses/ community health care providers</li> <li>• Educated, experienced, and exposed individuals</li> <li>• Teachers</li> <li>• Pharmacists</li> <li>• Friends</li> </ul>	<ul style="list-style-type: none"> <li>• Nurses/ community health care providers</li> <li>• Doctors</li> <li>• Teachers</li> <li>• Pharmacists</li> <li>• Wedding sponsors</li> </ul>
	Husbands of first-time mothers	<ul style="list-style-type: none"> <li>• Mothers</li> <li>• Fathers</li> <li>• Doctors</li> <li>• Community leader</li> <li>• Brother</li> </ul>	<ul style="list-style-type: none"> <li>• Friends</li> <li>• Doctors</li> <li>• Fathers</li> <li>• Nurse/community health worker</li> <li>• Brother</li> </ul>	<ul style="list-style-type: none"> <li>• Friends</li> <li>• Brothers</li> <li>• Mothers</li> <li>• Religious leaders</li> <li>• Doctors</li> </ul>	<ul style="list-style-type: none"> <li>• Brothers</li> <li>• Mothers</li> <li>• Friends</li> <li>• Fathers</li> <li>• Doctors</li> </ul>

## STAGE 2

The following section includes social norms and non-normative factors that influence the key behaviors of interest. Notably, most of the social norms and non-normative factors mentioned cut across the study communities in Ebonyi and Ezza North LGAs. The relevant individuals and groups who influence each social norm are included below. The positive and negative consequences (rewards and sanctions) are described in this section.

### SOCIAL NORMS INFLUENCING CEFM

Key social norms	Norm type	Identified by main population/ reference group/ both
Girls should get married early to protect their chastity	Injunctive	Both
Girls should get married at onset of menstruation— they are considered as being ready for marriage	Descriptive	Both
Girls should agree to the marriage decisions taken by their parents	Descriptive	Both
Girls marry early because they have less economic value than boys	Descriptive	Both
Desire for submissive wife by older men	Descriptive	Both

#### GIRLS SHOULD GET MARRIED EARLY TO PROTECT THEIR CHASTITY

A common perception of normative expectations for adolescents as discussed by the majority of adolescents, youth, and key influencers across the study communities was that girls are expected to remain chaste and avoid premarital sex and out-of-wedlock pregnancies and births. Participants discussed parents' fear that their daughters will engage in premarital sex, leading to loss of virginity before marriage or out-of-wedlock pregnancies. Because pregnancy outside of marriage is condemned, CEFM is viewed as a safety measure and used to justify child marriage as a way to minimize the risks of teenage pregnancy. Participants mentioned several consequences that would result from girls engaging in premarital sex. They noted that girls who become pregnant outside of marriage are shamed for bringing dishonor upon their families, stigmatized as promiscuous, and denied care and socioeconomic support from parents and relatives. The girl may be disowned by her parents and asked to move out of her family home and move in with the person responsible for the pregnancy.

In one of the group discussions in Ebonyi LGA, a 40-year-old participant remarked:

*“Out-of-wedlock pregnancy or birth is a shame to the family. You cannot vouch for these girls. So, it is very risky to delay marriage for your daughter because you can never tell what might happen next. Again, community members will make mockery of you if your daughter gives birth at home before marriage.”*  
(**focus group discussion [FGD], Ebonyi LGA**)

Another respondent added:

*“It is better to marry her off early to be sure that she does not engage or have sexual encounter or lose her virginity before marriage and bring shame to the family. Do you know what she does in your absence? Can you vouch that she will remain chaste till she grows and gets married? It is better to marry her off.”* (**FGD, Ezza North LGA**)

## **GIRLS SHOULD GET MARRIED AT THE ONSET OF MENSTRUATION—THEY ARE CONSIDERED AS BEING READY FOR MARRIAGE**

The majority of adolescent, youth, and key influencer participants across the group discussions noted that parents and communities view the onset of menstruation as a sign that a girl is a “woman,” ready for marriage and motherhood. This perception propels some parents to marry off their daughters once they start their periods, as articulated by one participant:

*“Menstrual cycle is a signal she is ready for marriage. If she misses her period, the next will be pregnancy. We have seen girls as early as 11 or 12 years old become mothers in this community. So, period is a sign you are becoming a woman.” (FGD, Ebonyi LGA)*

Corroborating this further, a 44-year-old mother of an adolescent stated:

*“If you have started your periods, you can get pregnant, even if your body is not mature enough to handle the stress of pregnancy. Girls aged 10 or 11, or even younger, have become pregnant.” (FGD, Ezza North LGA)*

## **GIRLS SHOULD AGREE TO THE MARRIAGE DECISIONS TAKEN BY THEIR PARENTS**

In all discussions held with the main population and reference groups across study communities, participants said that adolescent girls have limited decision-making power regarding marriage choices and timing, and thus are expected to obey and agree with the parents’ decision to marry them off. Adolescent girls are discouraged from resisting their parents’ decisions, given that doing so is perceived as threatening parental authority.

*“Children have the duty to obey all of their parents’ requests. Discipline is the only thing parents use to reclaim their authority over disobedient kids.” (FGD, Ezza North LGA)*

## **GIRLS MARRY EARLY BECAUSE THEY HAVE LESS ECONOMIC VALUE THAN BOYS**

Across the group discussions, most adolescents, youth, and key influencers alluded to—and in some cases spoke directly about—the low status of women and girls in the study communities. The participants noted that gender norms influenced by cultural values, beliefs, and practices promote gender inequality and marginalization of women and girls, which limits their decision-making power. Furthermore, girls were described as being a burden to the family, while boys (sons) are perceived as having greater economic value. Similarly, the participants spoke about the notion that boys are responsible for ensuring that the family lineage continues, while girls could not do so, as explained by one participant:

*“Let the truth be told, boys are the ones who will sit back in the family to keep the family name and lineage growing while the girls will be married out. Once they marry, they bear their husband’s name. Hope you understand my viewpoint.” (FGD, Ezza North LGA)*

## **DESIRE FOR SUBMISSIVE WIFE BY OLDER MEN**

According to the participants in the main population and reference groups, men have a strong preference and desire for submissive wives, who obey their husbands from an early age. Men perceived young girls as being more likely to be obedient and respectful to their husbands, elders, and or older family members. Driving this point home, a participant in the Ezza North FGD noted:

*“You see! I have a wife who is 18 years old now. I married her when she was 13. She is my second wife. She grew up in my house. Now she knows what it means to be a wife. She respects and obeys me unlike her co-wife.” (FGD, Ebonyi LGA)*

## NON-NORMATIVE FACTORS INFLUENCING CEFM

Common stand out non-normative factors	Identified by main population/ reference group/ both
Lack of awareness of the negative consequences of child marriage	Both
Parents believe that CEFM protects girls from experiencing sexual harassment	Both

### LACK OF AWARENESS OF THE NEGATIVE CONSEQUENCES OF CHILD MARRIAGE

The main population group participants highlighted the lack of knowledge of the consequences of child marriage as another factor that influences CEFM. Community members lack awareness of the harmful effects of CEFM on a multitude of outcomes including girls' education, health impacts, and economic opportunities.

*“Most parents in this community are illiterate and have little or no knowledge of the negative consequences of child marriage. They [parents] don't know that this thing [child marriage] puts a stop to girls' hopes and dreams. Some of these girls married off early die while giving birth because their bodies are not mature enough.” (FGD, Ebonyi LGA)*

Participants also noted that many community members do not fully understand what child marriage entails and instead promote this harmful practice out of fear that not doing so would exacerbate their economic vulnerabilities. A desire to conform was also cited. One participant noted:

*“Knowledge is power. Most parents in this community are not aware of the negative consequences of marrying off their adolescent girls early. They don't even know what child marriage is. They [parents] marry them [girls] off early out of fear and poverty.” (FGD, Ezza North LGA)*

### PARENTS BELIEVE THAT CEFM PROTECTS GIRLS FROM EXPERIENCING SEXUAL HARASSMENT

The participants from the main population and reference groups stated that one of the key non-social factors influencing CEFM was linked to the belief that it protects girls from being victims of sexual harassment. According to the participants, girls who experience sexual abuse could get pregnant outside of wedlock thereby bringing shame to the family's name and honor.

*“She is your daughter while at home, but you cannot tell what could happen next when she leaves the house. Some of these girls, on their way to school or on errands, meet men and boys. Later, some get pregnant, drop out of school and bring shame to the family.” (FGD, Ezza North LGA)*



## REWARDS AND NEGATIVE SANCTIONS LINKED TO CEFM

According to the study participants, the identified norms are maintained by positive reinforcement or rewards for adhering to them or by negative sanctions for not doing the behavior of interest. The participants described rewards related to complying with CEFM, such as:

- Adolescent girls perceived as being obedient children.
- Family will be supportive, caring, and show love.

In contrast, the below negative consequences or sanctions for main population group members for not complying with CEFM were noted:

- Girls who did not agree with their parents' decision to marry them off will be labeled as being disobedient children by community members.
- Girls will be disowned by their families and community.
- Parents will stop providing basic needs and financial support for their daughters (not buy clothes, pay school fees, etc.).
- Girls will be subjected to isolation, stigma, and verbal abuse by their peers and other community members.

During the analysis, key influencers who enforce the norms linked to CEFM as well as those who support non-compliance of the behavior were identified. The below table shows the people who are supportive of CEFM and those who are not supportive of CEFM.

People supportive of CEFM	People not supportive of CEFM
<ul style="list-style-type: none"> <li>• Mothers</li> <li>• Fathers</li> <li>• Grandparents</li> <li>• Other relatives</li> </ul>	<ul style="list-style-type: none"> <li>• School teachers</li> <li>• Traditional/village heads</li> <li>• Town union leaders</li> <li>• Clergymen</li> <li>• Educated people in the community</li> </ul>

## SOCIAL NORMS INFLUENCING IPV

Key social norms	Norm type	Identified by main population/ reference group/ both
<b>Sex is a man's right in marriage and it is a woman's obligation to satisfy her husband's needs even if she is not interested.</b>	Descriptive and injunctive	Both
<b>Males have authority within the household; women must always be submissive.</b>	Descriptive and injunctive	Both
<b>Men have the right and are expected to physically discipline a woman if she disobeys him.</b>	Descriptive	Both
<b>Women should tolerate violence to keep their family together.</b>	Injunctive	Both

### **SEX IS A MAN'S RIGHT IN MARRIAGE AND IT IS A WOMAN'S OBLIGATION TO SATISFY HER HUSBAND'S NEEDS EVEN IF SHE IS NOT INTERESTED.**

Study participants were asked about their opinions regarding a husband's right to feel angry when denied sex by his wife because she was tired from caring for the baby and keeping up with the household activities. The participants noted that sex is a man's right, and failure to oblige will result in disagreements or conflict and, ultimately, IPV. They agreed that physical violence was justified and acceptable if women did not meet their husband's needs.

*"A man has a right to sex even if a woman refuses. Sexual intercourse is a man's conjugal right. A wife who refuses to have sexual intercourse with her husband for any reason should be coerced or disciplined."*  
(FGD, Ebonyi LGA)

### **MALE AUTHORITY WITHIN THE HOUSEHOLD; WOMEN MUST ALWAYS BE SUBMISSIVE**

The participants noted that women are expected to be submissive to their husband at all times. Across the main population and reference group, the belief that men are the head of their household and superior to women prevailed. As a result, women are expected to attend to and fulfill their husband's needs. Additionally, the majority of participants across the group discussions agreed that women should not engage in any behavior that their husbands disapprove of to avoid violence.

*"A man does not commit rape by having sexual intercourse with his lawful wife. Once a man has paid the bride price of a woman, she comes under the authority of her husband."* (FGD, Ezza North LGA)

### **MEN HAVE THE RIGHT AND ARE EXPECTED TO PHYSICALLY DISCIPLINE A WOMAN IF SHE DISOBEYS HIM**

Members of the main population and reference groups agreed that it is acceptable for men to beat their wives if women are disobedient. Several young men, women, and reference group members across the study communities noted that it is common for men to use violence or aggression to exercise control over their intimate partners.

*"Listen to what I have to say. Women are different from men. You see, if your wife disobeys you and you correct her just by using words like: 'don't do that or this again.' I bet you, she will do it over and over again. It's just in their nature. So, sometimes you just have to physically discipline her. Once you discipline her, she will never do it again. I think discipline is what they [women] understand and respect."* (FGD, Ebonyi LGA)

### **WOMEN SHOULD TOLERATE VIOLENCE TO KEEP THEIR FAMILY TOGETHER**

The majority of young women, men, and reference group members across the group discussions believed that IPV is a private matter. The participants noted that there is an understanding that women should not report or expose anything about violence they have experienced to family members or others in the community. Generally, divorce is condemned in the communities and women are expected to tolerate any form of violence in order to keep the family together. As a result, this further perpetuates the culture of silence around violence against women.

*"Marriage is not a bed of roses. A woman who abandons her marriage because her husband physically disciplines her is not supposed to be a wife in the first place. She should have remained in her father's house. My late father used to discipline my mother and she never left the house. She endured it in order to keep the family together."* (FGD, Ezza North LGA)

## NON-NORMATIVE FACTORS INFLUENCING IPV

Common stand out non-normative factors	Identified by main population/ reference group/ both
Women's economic vulnerability	Both
Suspicion that the woman is having an extramarital affair if she denies sex	Main population only

### WOMEN'S ECONOMIC VULNERABILITY

The study participants noted that traditional gender norms support male authority and allow men more access to economic resources to meet their own needs. As such, gender norms related to control of economic and financial resources further compound the vulnerable and dependent position of women. During the group discussion across the study communities, participants repeatedly mentioned that most women in their communities were poor and depended on their husbands for their basic needs, thereby making them more vulnerable to abuse and violence. One participant stated:

*“A woman who can stand on her own is a woman who has her own money. But how many of such women do we have in this community? Most of the women here depend on their husbands for their basic needs. Household financial strain on the men triggers violent behaviors against their wives.”*  
(FGD, Ebonyi LGA)

### SUSPICION THAT THE WOMAN IS HAVING AN EXTRAMARITAL AFFAIR IF SHE DENIES SEX

Suspicion and fear that the wife is having an extramarital affair was frequently cited as a driving factor for IPV. Men will begin to suspect that their wife might be engaging in an extramarital affair if she refuses requests for sex. The participants mentioned that women were more likely to experience physical IPV and sexual coercion if their husbands suspected or knew that their wives were having an extramarital affair.

*“It's a taboo for a married woman to engage in extramarital affair. A woman who is suspected of such behavior experiences physical violence ranging from hitting, slapping, and beating. Men who look the other way when their wives engage in extramarital affairs are seen as lacking respect and dignity.”*  
(FGD, Ebonyi LGA)

## REWARDS AND NEGATIVE SANCTIONS LINKED TO IPV

As noted previously, the identified norms are maintained by positive reinforcement or rewards for adhering to them or by negative sanctions for not engaging in the behavior of interest. The participants described a couple of rewards related to acceptance of IPV, such as:

- Peaceful home and marriage.
- Women's financial and social needs are met.

The findings revealed a few negative consequences or sanctions for main population group members for standing up or speaking out about IPV, including:

- Divorce.
- Neglect by their husbands.
- Denial of financial and emotional support.

Analysis of the findings uncovered the key influencers who enforce the norms linked to IPV as well as those who do not support this particular behavior. The below table shows the people who are supportive of IPV and those who are not.

People supportive of IPV	People not supportive of IPV
<ul style="list-style-type: none"> <li>• Men and their peers</li> <li>• Women’s parents-in-law</li> </ul>	<ul style="list-style-type: none"> <li>• Women’s parents</li> <li>• Women’s siblings</li> <li>• Men’s siblings</li> <li>• Religious leaders</li> <li>• Wedding sponsors</li> <li>• Marriage mediators</li> </ul>

## SOCIAL NORMS IMPEDING EARLY ADOPTION OF FP

TABLE 3: KEY SOCIAL NORMS IMPEDING EARLY ADOPTION OF FP

Key social norms	Norm type	Identified by main population/ reference group/ both
Desire/preference for male child(ren)	Descriptive	Both
Fertility decisions are determined by husbands	Descriptive and injunctive	Both
Desire for many children	Descriptive	Both
Young women will be labeled as promiscuous if they use FP	Descriptive and injunctive	Both

### DESIRE/PREFERENCE FOR MALE CHILD(REN)

The desire to have a male child is a key factor that inhibits early adoption of FP methods. The majority of adolescent, youth, and reference group participants across the group discussions agreed that the desire for male children contributed to male resistance to FP use. As articulated by one participant:

*“A man who dies without a son lived a worthless life; he is inherited by his brothers [if he has one] and is soon forgotten since his branch of the family tree has ended. Traditionally, a man’s status is assessed by the number of his sons. A man with many sons is viewed as wealthy. If you have just a son and the rest are girls, and you keep getting girls, you will continue trying hoping to get sons.” (FGD, Ebonyi LGA)*

Participants noted that the preference for male children was prevalent in their communities and therefore families felt pressure to continue childbearing if they did not have a son. Further, in some cases, men would resort to marrying another wife if they did not have any sons with their current partner.

*“Here in our community, the birth of male children is the source of pride and honor, while that of female children is seen as failure. If you have one son or none, you will be pressured to keep trying till you get male child or children. Sometimes, men who are in this situation marry an additional wife just to see if they have male child/children.” (FGD, Ezza North LGA)*

## FERTILITY DECISION DETERMINED BY HUSBANDS

The low status of women in the communities where the social exploration exercise was conducted often limits their autonomy and ability to make decisions related to their health. Across all group discussions, the participants revealed that women's limited decision-making power hinders them from accessing and taking up FP methods. They also noted that men's reproductive preferences and motivation influence their wives' reproductive outcomes, and that fertility decisions are determined by the one who controls and allocates economic resources within the family.

*"If you are the breadwinner, automatically you are conferred with the authority to decide what and how things are run in your family, including fertility decisions." (FGD, Ezza North LGA)*

*"Let me tell you something. Fertility decisions are our rights. We can make sexual demands from our wives at will and without regards for their desire. They [wives] are bound to comply with our [husband's] sexual demands and refusal will result in trouble. Decisions of FP or number of children are men's unilateral decisions." (FGD, Ebonyi LGA)*

Most participants across the study communities explicitly noted that women have to seek permission from their husbands before they can access FP. According to the participants, by paying bride wealth, a man secures rights over his wife and her children. A woman comes under the authority of her husband and takes instructions from him as the head of the family by virtue of this payment. The findings showed that the decision to adopt FP belongs to the man (husband). According to a female participant:

*"Whatever his status, he remains my lord [Oga]. He paid my bride wealth and by virtue of this payment, I must take instructions from him. So, FP adoption decision is my husband's right." (FGD, Ebonyi LGA)*

## DESIRE FOR MANY CHILDREN

Several participants across the study communities noted that parents tend to have many children because children are perceived as a family's social security to look after their parents in old age. Moreover, the participants mentioned that a large family size was perceived as enhancing the family's social status in the community. Potential economic gains from having many children also emerged as a theme. One participant remarked:

*"Children confer a high sense of satisfaction or success upon a man, even if he is poor materially. They provide necessary help around the home and on the farm. They constitute an important source of old-age support for their parents." (FGD, Ebonyi LGA)*

## YOUNG WOMEN WILL BE LABELED AS PROMISCUOUS IF THEY USE FP

Across the study communities, the majority of participants stated that use of contraception might lead women to become promiscuous. One participant remarked:

*"Look, this thing [contraceptive] is for women. It makes them promiscuous. I will never allow my wife to use it, because the role of a woman is to give birth to children." (FGD, Ezza North LGA)*

Another participant noted:

*"Family planning enables women to flirt with other men. They know that with FP they cannot get pregnant and their husbands will not be able to detect that they are flirting with other men. We know this thing." (FGD, Ebonyi LGA)*

## NON-NORMATIVE FACTORS IMPEDING EARLY ADOPTION OF FP

Common standout non-normative factors	Identified by main population/ reference group/both
Myths and misconceptions that early FP use leads to infertility and health complications	Both
Limited knowledge and poor awareness of the beneficial effects of FP use	Both
Perceived cost barriers of FP services	Both

### MYTHS AND MISCONCEPTIONS

Early adoption of FP methods is limited by prevailing myths and misconceptions that contraceptive methods lead to adverse health effects. Participants in the main population and reference groups cited common myths and misconceptions including birth defects, infertility, and disease as deterrents for FP uptake. Interestingly, one participant cited preferences for using natural methods as opposed to modern contraceptives to space births.

*“FP is dangerous. We hear that it makes women give birth to deformed children. I think couples should space their children through natural means only.” (FGD, Ebonyi LGA)*

Another participant noted:

*“I don’t use it and my friends do not use it also. FP could cause permanent infertility or harm a woman’s uterus.” (FGD, Ezza North LGA)*

### LIMITED KNOWLEDGE AND POOR AWARENESS OF THE BENEFICIAL EFFECTS OF FP USE

Based on the group discussions, it was clear that knowledge gaps around the health benefits of FP use are prevalent in the communities. Lack of accurate information and knowledge of the specific benefits of FP was cited as a major obstacle to early adoption of contraceptive methods. Many participants noted that women are unaware of the various types of FP methods available.

*“I am not aware that FP has different types or methods. I have never asked about it before because it will look as if am cheating on my husband.” (FGD, Ezza North LGA)*

*“Most women in this community are not aware of the various types of FP methods available because no one has come to tell them.” (FGD, Ebonyi LGA)*

### PERCEIVED COST BARRIERS OF FP SERVICES

Most participants in both groups indicated that the actual and perceived cost barriers were a major challenge to early adoption of FP. Moreover, they noted that FP services are expensive and often unaffordable in rural areas.

*“I have not used FP before but I am told it’s expensive. My friend who lives in the city told me about it and she told me it’s expensive and only available in the city.” (FGD, Ebonyi LGA)*

*“I heard of FP through my friend who lives in the city. She told me it’s expensive.” (FGD, Ezza North LGA)*

## REWARDS AND NEGATIVE SANCTIONS LINKED TO EARLY ADOPTION OF FP

Participants discussed a variety of rewards associated with early adoption of FP, including:

- Proper upbringing of children.
- Economic stability of the family.
- Peaceful and loving family/household.

Conversely, the below negative consequences were highlighted as the key sanctions related to early adoption of FP:

- If young women adopt FP without her husband's support or knowledge, it could lead to any of the following: withdrawal of love, care, and/or affection; IPV; husband marrying another wife.

People supportive of early adoption of FP	People not supportive of early adoption of FP
<ul style="list-style-type: none"><li>• Teachers</li><li>• Community health care providers</li><li>• Wife's mother</li><li>• Wife's siblings</li><li>• Religious leaders</li></ul>	<ul style="list-style-type: none"><li>• Husbands</li><li>• Husband's parents</li><li>• Husband's peers/friends</li><li>• Traditional priests</li></ul>

## RECOMMENDATIONS AND CONCLUSION

The findings from the social norms exploration revealed that CEFM, IPV, and resistance to early adoption of FP are primarily rooted in the patriarchal power imbalance between women and men. Findings from the assessment showed that social norms limited adolescent girls and young women's decision-making power and drove pressure to get married early, become pregnant right after marriage, and to grow families quickly. In addition, social norms sustained male authority in the household and promoted acceptance of IPV. Harmful norms were enforced by parents, community members, and peers and contributed to women's inability to implement their own marital and health choices. However, at the same time, the social norms exploration also identified key stakeholders, including influential community members such as traditional and religious leaders, who opposed harmful gender norms and behaviors linked to CEFM, IPV, and FP use. This is notable because it indicates that there are opportunities to engage influential leaders and gatekeepers as champions or change agents to foster transformational changes toward gender equality.

Given these findings, it is clear that to improve health and gender outcomes of adolescents and youth in Ebonyi State, it will be necessary to implement interventions that take a socioecological approach targeting individuals and aiming to shift norms at the community level. It is important to prioritize strategies to address norms that perpetuate unequal power relations as they relate to CEFM, IPV, and opposition to early adoption of FP, which will be central to achieve desired outcomes. Potential entry points and intervention approaches to shift norms and engage key reference groups identified in the study are outlined below:

- Engage parents, family members, and prominent community members (such as religious leaders and teachers) or others who hold influence in the community as supportive partners. Involving male and female key influencers from the communities in norm-shifting interventions is critical to create collective action to achieve equitable norms and behaviors. Specifically, efforts to engage parents and family members, who are often supportive of and the primary decision-makers around CEFM, to transform community-level norms to avert early marriage of adolescent girls should be prioritized. Moreover, it will be important to target family and community members who are considered “positive deviants” or those who are supportive, practice, and uphold positive gender norms and behaviors. For example, engaging school teachers to share the importance of keeping adolescent girls in school could be an effective strategy to prevent early marriage. At the same time, engage power holders who may resist change in order to gain their buy-in and include their perspectives. This can be done in various ways such as holding community forums and discussion sessions to facilitate community-wide consensus building with identified reference groups to address norms that drive CEFM and IPV by perpetuating women's and girls' low status.
- Use participatory small group and dialogue approaches to promote critical reflection, positive attitudes, behaviors, and norms as well as improve knowledge related to adolescent RH and gender equality. Small group-based methodologies help to build protective assets and foster more equitable gender attitudes, behaviors, and norms. Segregate groups by age and sex to allow for a “safe space,” as appropriate. Leverage existing platforms, such as school clubs, women's groups, and men's groups, to reach adolescents, women, and men in the community. For example, employ age-appropriate participatory group sessions with adolescents and youth to facilitate discussions around puberty, gender roles and equality, life goals, and community expectations for boys and girls and supportively challenge gender norms that drive CEFM.
- Use gender-transformative approaches to address norms that limit women's autonomy and present barriers to FP use. Given that women and men shape and perpetuate social norms, it is important to use an approach that brings them together to examine rigid social norms and collectively reflect on existing



inequitable gender norms and power dynamics in their relationships and their communities. Gender-transformative approaches also serve as entry points for male engagement in FP and RH. Couples-based approaches that engage men and their female partners in participatory, small group sessions to stimulate dialogue and critical reflection on GBV, contraceptive use, and couples' communication, issues of power and patriarchy in their community can be effective in changing community-level norms and lead to positive shifts in decision-making processes and increase women's agency and self-efficacy.

- Use behavior change communication strategies to catalyze community-wide normative change by increasing awareness and shifting attitudes and behaviors. Mass media, edutainment, and community poster campaigns can be used to increase awareness and knowledge, and promote individual behavior change such as encouraging parents to allow their daughters to complete school before marriage and broadly share positive messages to drive social norm change.

## APPENDIX A: DEFINITIONS OF TERMS

**BEHAVIOR(S) OF INTEREST:** The behavior(s) your project is addressing or intending to change. Sometimes this is called a behavioral outcome.

**DESCRIPTIVE NORMS** are what are considered a typical or common behavior. It is mostly perceptions about what others actually do, or rather doing something because other people do.

**FIVE WHYS:** This is tailored around asking the “why” questions in relation to the three chosen behaviors of interest. This approach enables participants to identify the root causes of the negative behaviors identified, while digging deeper on the underlying causes for each behavior.

**INJUNCTIVE NORMS** are what are considered an approved or expected behavior. People in your social network are expecting you to behave in a particular way. There is the perception of approval/ disapproval of that behavior by other people.

**MY SOCIAL NETWORKS:** My Social Networks is an activity that gathers information from multiple people in a group/subgroup to create a profile of the subgroup’s reference group for a particular behavior(s) of interest.

**NON-NORMATIVE FACTORS:** Factors or influences that impact members of a society or community differently.

**SOCIAL NORMS** are “unspoken rules” that govern behavior. Social norms are created, sustained, and upheld through our human interactions and functions within the individual and community<sup>23</sup> levels.

**REFERENCE GROUP:** The people who matter to an individual’s choice to engage in a behavior.

**VIGNETTES:** Vignettes are culturally relevant short stories about the behavior of fictional characters, which are accompanied by open-ended questions. Vignettes are a simple way to engage participants in identifying and exploring social norms that relate to the behavior(s) of interest.

# APPENDIX B: VIGNETTES

## CHILD, EARLY, AND FORCED MARRIAGE

### PART 1

Ifeoma is a 15-year-old girl who lives in Ebonyi State, and is in JSS3. She is doing very well in school and loves going to school. Ifeoma hopes to one day become a doctor. Her father has promised his friend Uche, who is 55 years old, his daughter's hand in marriage. Uche has promised to give Ifeoma's father N100,000 to start his poultry business once the promise to marry Ifeoma is fulfilled.

1. In your opinion, how do you think Ifeoma will feel if she finds out about this arrangement?
2. What do you think the community expects Ifeoma to do?
3. In your opinion, what do you think Ifeoma should do?

### PART 2

Ifeoma's father informs her mother of the plans to marry off Ifeoma to Uche. Ifeoma's mother is very happy and in agreement with the decision because this will prevent her daughter from bringing shame to the family. She believes their economic status will improve. Ifeoma was then informed about her parent's decision and that this would be her last term in school.

1. In your opinion, what do you think Ifeoma can do about her situation?
  - a. Do you think that Ifeoma should listen to her parents? Why/why not?
2. In your opinion, what do you think "bringing shame to the family" means? What are the consequences of bringing shame to the family?
3. Do you think Ifeoma's parents are doing the right thing for Ifeoma? Why/why not?
  - a. How many girls do you think are in this kind of situation? (probe: none, some, many)
  - b. Do you think that boys can also be in the same situation as Ifeoma? Why/not?
4. Who in this community can do something to stop Ifeoma's parents' decision?
5. What other benefits do you think Ifeoma's parents will gain?
  - a. Do you think Uche is right to accept to marry Ifeoma? Why/why not?
  - b. What benefits will Uche or others get from marrying girls of Ifeoma's age?

### PART 3

Ifeoma was so sad about her parent's decision. She goes to speak to \_\_\_\_\_ who invites Ifeoma's parents to discuss the issue with them and the consequences of marrying off Ifeoma at her age. \_\_\_\_\_ also called Uche and spoke to him about the challenges Ifeoma could face if he marries her.

1. What do you think about Ifeoma's decision to speak to \_\_\_\_\_ outside her household?
2. Do you think Ifeoma's parents will listen to \_\_\_\_\_ and change their decision?
3. Do you think Uche will listen to \_\_\_\_\_ and change his decision?
4. If Ifeoma's parents listen to \_\_\_\_\_ and agree to change their decision, how will the community react to them?
5. If Uche listens to \_\_\_\_\_ and agrees to change his decision, how will other men look at him?
6. What does the community expect Ifeoma to do?
7. If Ifeoma was married off, what do you think will become of her?

## INTIMATE PARTNER VIOLENCE

### PART 1

Nnamdi is a 35-year-old farmer married to Ngozi, a 22-year-old housewife. They have been married for one year and two months and have a four-month-old baby. Shortly after the birth of the baby, Ngozi began to deny Nnamdi sex because she was stressed and tired from caring for the baby and keeping up with the household activities. Nnamdi is angry because he thinks Ngozi should have sex with him when he wants.

1. In your opinion, do you think Nnamdi is right to feel angry with Ngozi? Why/why not?
2. What is your opinion about Nnamdi thinking that he should be able to have sex with his wife whenever he wants, even if she does not want to?
3. What is your opinion about Ngozi denying her husband sex?
4. What do you think would happen if Ngozi continues denying her husband sex?

### PART 2

Nnamdi is increasingly angry about Ngozi's denying him sex. One day, he begins shouting at her and insulting her for being a bad wife. Ngozi argues back that she is tired from doing so much work around the house and still denies Nnamdi sex. Later that week, Nnamdi continues to demand sex despite Ngozi saying no. He gets into another argument with Ngozi leading to him slapping and hitting her. That same night, Nnamdi forces Ngozi to have sex with him.

1. What do you think about Nnamdi's shouting and insulting Ngozi? (Do you agree? Why or why not?)
2. What do you think about Nnamdi's slapping and hitting Ngozi?
3. What do you think of Nnamdi forcing Ngozi to have sex?
  - a. Are there husbands in this community who shout at or insult their wives like Nnamdi? (probe for details) Do you agree with this behavior? Why/why not?
  - b. Are there husbands in this community who slap or hit their wives if she denied them sex like Nnamdi? Do you agree with this behavior? Why/why not?
  - c. Are there husbands in this community who would force their wives to have sex, even if she did not want to like Nnamdi? Do you agree with this behavior? Why/why not?
4. In your opinion do you think Nnamdi is doing the right thing by shouting or insulting Ngozi if she denied him sex? Explain why/why not.
5. Who in this community do you think would disagree with Nnamdi's actions toward Ngozi?
6. How do you think the community would react to Nnamdi if they found out that he brought violence to the home because Ngozi was denying him sex?
7. Who in this community might do something to prevent Nnamdi from committing violence against his wife in the future?
8. What do you think Ngozi could do to get help in her situation?
9. Besides a wife denying her husband sex, can you think of other situations that might lead to violence in the relationship? What are those situations? What type of violence?

### **PART 3**

Ngozi goes to speak with \_\_\_\_\_ who invites both Ngozi and Nnamdi to discuss their problems in a meeting. The \_\_\_\_\_ discusses with them the challenges of childbirth, the consequences of violence within the relationship, and the need to balance work in the home. After listening to \_\_\_\_\_, Nnamdi realizes he may have been wrong to treat Ngozi that way and apologizes. He agrees to communicate more with Ngozi when they have challenges and not to resort to violence. He also agrees to help Ngozi out more with the childcare and household work.

5. What do you think about Ngozi's speaking with others outside her household about her relationship problems? What else could Ngozi do to stop her husband from being violent in the future?
6. Do you think that Nnamdi would listen to \_\_\_\_\_ and change his behavior? Why/why not?
7. How do you think other men like Nnamdi in this community would react to his apologizing to his wife?
8. How do you think other men like Nnamdi in this community would react to his agreeing to help out with the childcare and household work?

## **EARLY ADOPTION OF FAMILY PLANNING**

### **PART 1**

Saratu is an 18-year-old trader who lives with her husband, Ibrahim, a 24-year-old farmer. They have been married for two years and have a daughter. After her daughter was born, Saratu went for her six-week postnatal visit at the local health center. At the visit, she was reminded to start considering family planning methods and given some counseling on different methods for child spacing. She went home and told her husband about what she heard. Ibrahim was against the idea that they use family planning methods.

1. Why do you think Ibrahim might be against using a family planning method?
  - a. Do you agree with Ibrahim? Why/why not?
2. What is your opinion of Saratu wanting to use a family planning method for child spacing?
3. What other difficulties might someone like Saratu face if she wanted to use a method for child spacing?
4. What do you think are the benefits of a couple using a family planning method? What are the disadvantages?
5. What do you think would happen next if Saratu wants to use a family planning method, but her husband does not give his consent?

### **PART 2**

After learning about child spacing methods in the clinic, she decided she wants to use a family planning method. She really wants to delay her next pregnancy because she worries about having more children because she wants to focus on her family and make sure they have enough finances. She goes to the clinic to get a method. She doesn't tell Ibrahim.

1. What do you think about Saratu not telling her husband that she is using a family planning method?
  - a. Does she have a right to use a family planning method without her husband's knowledge? Why/why not?

2. How many women in this community, like Saratu, do you think use a family planning method (none, some, many, most)?
3. How many men in this community, like Ibrahim, do you think are against using a method of family planning (none, some, many, most)?
4. Who in this community do you think would disagree with Ibrahim's opinions? (get titles/relationships, for example, mother-in-law, religious leader, not names):
  - a. Who would agree?
  - b. How many people in this community, do you think, would agree with Saratu using a family planning method (none, some, many, most)?
5. How do you think Ibrahim would react if he found out Saratu was using a family planning method without her husband's permission?

### **PART 3**

Saratu told her husband that she went to the health center and got a family planning method. At first, Ibrahim is angry with Saratu for defying him and not telling him that she went to the health center. Saratu talked to her husband about the benefits of child spacing for the future of their family and Ibrahim became less angry. Ibrahim thought about his previous opinions about family planning methods. He also talked to others in his community about the benefits. He went with Saratu to the health center where they discussed child spacing with the provider. He decided to change his mind and agreed to try and use a family planning method with Saratu, even though he still wanted more children in the future.

1. What do you think about Ibrahim being willing to listen to his wife and learn about family planning methods?
  - a. How do you think other men like Ibrahim in this community would react to him for listening to his wife and being willing to change his mind?
2. Now that both Ibrahim and Saratu agree, do you think they should use a family planning method as a couple? Why do you agree/disagree?



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